

Clear Form

UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF CALIFORNIA CAND 435 (CAND Rev. 07/2013)			TRANSCRIPT ORDER Please use one form per court reporter. <i>CJA counsel please use Form CJA24</i> Please read instructions on next page.					COURT USE ONLY DUE DATE:						
1a. CONTACT PERSON FOR THIS ORDER Prem Lall			2a. CONTACT PHONE NUMBER (415) 500-6800			3a. CONTACT EMAIL ADDRESS plall@saverilawfirm.com								
1b. ATTORNEY NAME (if different) Joseph R. Saveri			2b. ATTORNEY PHONE NUMBER (415) 500-6800			3b. ATTORNEY EMAIL ADDRESS jsaveri@saverilawfirm.com								
4. MAILING ADDRESS (INCLUDE LAW FIRM NAME, IF APPLICABLE) Joseph R. Saveri Law Firm, Inc. 505 Montgomery Street, Suite 625 San Francisco, CA 94111			5. CASE NAME In re: High-Tech Employee Antitrust Litigation					6. CASE NUMBER 5:11-cv-02509						
7. COURT REPORTER NAME (FOR FTR, LEAVE BLANK AND CHECK BOX)→ <input type="checkbox"/> FTR Lee-Anne Shortridge			8. THIS TRANSCRIPT ORDER IS FOR: <input type="checkbox"/> APPEAL <input type="checkbox"/> CRIMINAL <input type="checkbox"/> In forma pauperis (NOTE: Court order for transcripts must be attached) <input type="checkbox"/> NON-APPEAL <input checked="" type="checkbox"/> CIVIL <input type="checkbox"/> CJA: Do not use this form; use Form CJA24											
9. TRANSCRIPT(S) REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested), format(s) & quantity and delivery type:														
a. HEARING(S) (OR PORTIONS OF HEARINGS)			b. SELECT FORMAT(S) (NOTE: ECF access is included with purchase of PDF, text, paper or condensed.)					c. DELIVERY TYPE (Choose one per line)						
DATE	JUDGE (initials)	TYPE (e.g. CMC)	PORTION If requesting less than full hearing, specify portion (e.g. witness or time)	PDF (email)	TEXT/ASCII (email)	PAPER	CONDENSED (email)	ECF ACCESS (web)	ORDINARY (30-day)	14-Day	EXPEDITED (7-day)	DAILY (Next day)	HOURLY (2 hrs)	REALTIME
03/02/2015	LHK	P. Hrg		<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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10. ADDITIONAL COMMENTS, INSTRUCTIONS, QUESTIONS, ETC:														
ORDER & CERTIFICATION (11. & 12.) By signing below, I certify that I will pay all charges (deposit plus additional).										12. DATE 04/21/2015				
11. SIGNATURE /s/ Prem Lall														
DISTRIBUTION:				<input type="checkbox"/> COURT COPY		<input type="checkbox"/> TRANSCRIPTION COPY		<input type="checkbox"/> ORDER RECEIPT			<input type="checkbox"/> ORDER COPY			